

Non – Appearance Hearing Request Instructions

- **1.** Fill out attached form completely.
- **2.** Include any and all evidence (example: placard, registration, photos, receipts, medical documentation, etc.)
- 3. You can choose to fax or mail form.
- **4.** Once the form is received, your citation will be placed on hold and be reviewed by the Hearings Officer.
- **5.** You will receive a letter informing you of the Hearings Officer and at that time be given 14 days to clear the account if there is a balance owing.
- **6.** Failure to pay within a 14 day period will result in an increase to your citation due to penalties accruing.
- 7. Payment can be made by mail or via internet at: www.lasvegasnevada.gov
- **8.** If you have not received a letter informing you of the Hearings Officer decision within 14 days, please call the office and make sure we are in receipt of your Hearings Request.

City of Las Vegas
Parking & Hearings Office
416 North 7th Street
Las Vegas, NV 89101
(702) 229-4700 (Phone)
(800) 228-3332 (Toll Free)
(702) 382-2309 (Fax)

NON-APPEARANCE



CITY OF LAS VEGAS - MUNICIPAL PARKING PROGRAM HEARING OFFICER REQUEST

I,	, hereby request a ternative dispute resolution before a
My Address is	
I request this hearing involve Notice of Infra-	ction Number(s) (Citation Numbers):
License Plate #:	
I understand that the Hearing Officer is an attorney and not an I have the right to a trial in Municipal Court, but I am elect Officer.	
I understand that I am agreeing to be bound by the decision of that, if necessary, due to my lack of timely payment, the city decision to have a formal civil judgment entered against me in	of Las Vegas can and may use this binding
I understand that if a civil judgment is obtained, the city may me. I understand that if a Writ of Execution is obtained, my w liens may be put on my property, and my vehicle(s) may be too	vages and/or bank account may be garnished,
Knowing all of the above, I still wish to request a binding hear described Notice of Infraction(s).	ring before the Hearing Officer on the above-
I hereby acknowledge the above and further acknowledge the review my written explanation and come to a decision.	hat at my request the Hearings Officer will
Phone number	Alternate Phone Number
Defendant/Representative Appearing (Please Sign)	Date

CITY OF LAS VEGAS MUNICIPAL PARKING PROGRAM

Name:
Defense: Please explain in full detail the reason you want to contest this ticket.

Return this form to:

City of Las Vegas
Parking Citation Office
416 North 7th Street
Las Vegas, NV 89101
(702) 229-4852 (Phone)
(702) 382-2309 (Fax)